

AMENDED IN SENATE JUNE 28, 2006

AMENDED IN SENATE JUNE 15, 2006

AMENDED IN ASSEMBLY APRIL 25, 2006

AMENDED IN ASSEMBLY APRIL 6, 2006

CALIFORNIA LEGISLATURE—2005–06 REGULAR SESSION

ASSEMBLY BILL

No. 2280

Introduced by Assembly Member Leno

February 22, 2006

An act to amend Section 120582 of, and to add Section 120846 to, the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 2280, as amended, Leno. Sexually transmitted diseases.

Existing law permits a physician or nurse practitioner, who diagnoses a sexually transmitted Chlamydia infection, to prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners.

This bill would extend these provisions to cover gonorrhea or other sexually transmitted disease infection, as determined by the department.

Existing law provides for various programs relating to treatment of persons with human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS).

This bill would require the State Department of Health Services, no later than July 1, 2007, to develop a counseling model for all persons who receive HIV testing at an alternate test site or a clinic that

receives state funding for HIV testing. The bill would require that the department consider including specified components in the counseling model, relating to, among other things, risk assessment, data collection, prevention education, and additional counseling.

This bill would require that the department develop a reimbursement schedule that accurately reflects the range of services provided under the counseling model, and that ensures that a contractor is reimbursed for individual services, as defined in the counseling model.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) Sexually transmitted diseases (STDs) in California have
- 4 been increasing in recent years and newly reported in 2005 there
- 5 were 130,700 infections of chlamydia, 34,400 infections of
- 6 gonorrhea, 6,500 infections of human immunodeficiency virus
- 7 (HIV), 3,300 cases of acquired immunodeficiency syndrome
- 8 (AIDS), and 1,600 infections of syphilis.
- 9 (b) Public health officials employ a variety of methods to
- 10 control STD infections, including preventing infections from
- 11 occurring and treating patients after exposure to an STD.
- 12 (c) Public health officials view changes in STD infection rates
- 13 as indicators of change in HIV infection rates and often alter
- 14 public HIV intervention efforts in response to notable changes in
- 15 STD infection rates.
- 16 (d) A key public intervention effort is to increase the number
- 17 of people tested for HIV. Studies show that the vast majority of
- 18 those testing positive for HIV take steps to prevent its spread to
- 19 others. Part of the testing practice is HIV counseling.
- 20 (e) Best practice models of HIV counseling that grew out of
- 21 early HIV testing have not kept pace with the changes in the
- 22 HIV/AIDS epidemic.
- 23 (f) The availability of rapid HIV testing, in which a person can
- 24 get a preliminary reading of their HIV status in about 20 minutes,
- 25 has created opportunities to streamline the current counseling
- 26 model and increase the number of people tested.

1 (g) The availability of treatment has turned HIV from a virtual
2 death sentence to a managed chronic medical condition for most
3 patients with HIV that have access to medical care.

4 (h) Counseling of persons getting an HIV test has been
5 focused on educating people about HIV prevention techniques,
6 collecting epidemiological data, and referring people with a
7 positive test result to treatment and partner notification
8 counseling.

9 (i) A number of test subjects are persons at low risk for
10 exposure to HIV, and repeat testers who are tested on a regular
11 basis.

12 (j) The current counseling model employs the same process
13 regardless of whether the test subject is at low or high risk of
14 exposure and whether the test subject is a first-time tester or is a
15 repeat tester.

16 (k) While any person who seeks an HIV test should be able to
17 get one, the limited resources available for testing demand that
18 confidential and anonymous testing clinics have a range of
19 options for delivering counseling.

20 (l) It is the intent of the Legislature that a new HIV counseling
21 model be developed that allows clinics to increase the number of
22 persons seeking a HIV test to be able to be tested, and
23 appropriately reimburses clinics for the services provided to
24 those persons.

25 SEC. 2. The Legislature also finds and declares all of the
26 following:

27 (a) Patient-delivered therapy for chlamydia was authorized in
28 California by Chapter 835 of the Statutes of 2000 (Senate Bill
29 658 648, Ortiz) and enables qualified medical practitioners to
30 provide prescription antibiotic drugs to a patient's sexual partner
31 or partners without examination of that patient's partner or
32 partners.

33 (b) Since enactment of patient-delivered therapy for chlamydia
34 published studies have documented that the rate of persistent or
35 recurrent infections of gonorrhea also can be reduced by utilizing
36 patient-delivered therapy for sexual partners.

37 (c) Patient-delivered therapy for gonorrhea is safe and
38 effective when provided with appropriate instruction, and has
39 recently been recommended by the federal Centers for Disease
40 Control and Prevention.

(d) It is the intent of the Legislature to authorize qualified medical practitioners to provide patient-delivered therapy to the sexual partners of patients diagnosed with gonorrhea in order to reduce persistent and recurrent infections.

SEC. 3. Section 120582 of the Health and Safety Code is amended to read:

120582. (a) Notwithstanding any other provision of law, a physician and surgeon who diagnoses a sexually transmitted chlamydia, gonorrhea, or other sexually transmitted infection, as determined by the department, in an individual patient may prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners. The department may adopt regulations to implement this section.

(b) Notwithstanding any other provision of law, a nurse practitioner pursuant to Section 2836.1 of the Business and Professions Code, a certified nurse-midwife pursuant to Section 2746.51 of the Business and Professions Code, and a physician assistant pursuant to Section 3502.1 of the Business and Professions Code may dispense, furnish, or otherwise provide prescription antibiotic drugs to the sexual partner or partners of a patient with a diagnosed sexually transmitted chlamydia, gonorrhea, or other sexually transmitted infection, as determined by the department, without examination of the patient's sexual partner or partners.

SEC. 4. Section 120846 is added to the Health and Safety Code, to read:

120846. (a) The department shall, no later than July 1, 2007, develop a counseling model for all persons who receive HIV testing at an alternative test site or clinic that receives state funding for HIV testing. In developing the counseling model, the department shall seek input from stakeholders, including, but not limited to, local health jurisdictions and organizations that receive state funding for HIV testing. The department shall consider including each of the following components in the counseling model:

(1) A brief risk-assessment mechanism developed by the department that allows a clinic to ascertain whether a person seeking testing is at low or high risk of exposure to HIV. The department may recommend when and how a clinic should use

1 this mechanism, but it shall not be used to deny testing to a
2 subject who requests it.

3 (2) A data collection form that may be self-administered by
4 the test subject, and that includes only questions that must be
5 reported in accordance with existing state and federal
6 epidemiology report requirements. Consideration shall be given
7 to reducing the length of the form and its utility, including
8 whether state or local resources exist to analyze the data
9 collected. Additional questions may be added only if new state or
10 federal epidemiology reports are required. Local health agencies
11 may add questions only with the approval of the department.
12 While the form may be self-administered, it also may be
13 completed with the assistance of a counselor at the request of the
14 test subject.

15 (3) A prevention education module that comprehensively
16 covers all pertinent information relative to methods by which a
17 person can protect himself or herself or his or her sexual or
18 needle-sharing partners from exposure to HIV. Consideration
19 may be given to allowing clinics alternative methods of
20 providing the prevention education module, although no test
21 subject shall be denied the opportunity to receive prevention
22 education privately and individually.

23 (4) Flexibility for clinics to determine the extent of counseling
24 provided to a test subject based on a test subject's risk factors or
25 frequency of HIV testing.

26 (5) Flexibility for clinics to provide counseling to couples or
27 small groups, as appropriate.

28 (6) Additional counseling for a test subject whose preliminary
29 test result is positive. This additional counseling may include, as
30 needed by the test subject, emotional support, information on
31 confirmatory testing, referral to care and treatment opportunities,
32 and a review of methods to prevent exposing others to HIV.

33 (b) The department shall develop a reimbursement schedule
34 that accurately reflects the range of services provided under this
35 model. The reimbursement schedule shall ensure that a contractor
36 is reimbursed for individual services, as defined in the counseling
37 model. It is the intent of the Legislature that the reimbursement
38 schedule be designed to encourage contractors to provide only
39 those services that are appropriate for each test subject. It is
40 further the intent of the Legislature that this new model and

- 1 reimbursement schedule be cost-neutral, except to the extent that
- 2 there is an increase in the volume of test subjects.

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